

# CERTIFICATE AUTHORIZING RELEASE OF BENEFIT INFORMATION

STATE OF MAINE  
WORKERS' COMPENSATION BOARD  
27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027

## PART I (COMPLETED BY EMPLOYER/INSURER)

1. INSURER FILE NUMBER:	6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX-	7. WCB FILE NUMBER:		
2. EMPLOYER NAME:	8. EMPLOYEE LAST NAME:	9. FIRST NAME:	10. M.I.:	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:	11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:	12. CITY:	13. STATE:	14. ZIP:	15. HOME PHONE:
5. INSURER MAILING ADDRESS:	16. DATE OF INJURY:	17. DESCRIPTION OF INJURY:		

## PART II (COMPLETED BY EMPLOYEE)

I, \_\_\_\_\_, AUTHORIZE THE EMPLOYER/INSURER TO OBTAIN WRITTEN INFORMATION INDICATING THE NATURE AND AMOUNT OF BENEFITS I RECEIVED OR AM RECEIVING FROM THE FOLLOWING:

- ☐ SOCIAL SECURITY ADMINISTRATION  
☐ EMPLOYEE BENEFITS PLAN

NAME OF EMPLOYEE BENEFIT PLAN

ADDRESS- NUMBER AND STREET

CITY, STATE, ZIP

I UNDERSTAND THAT THE EMPLOYER/INSURER IS ENTITLED TO RECEIVE THIS SOCIAL SECURITY OLD AGE INSURANCE OR EMPLOYEE BENEFIT PLAN INFORMATION PURSUANT TO 39-A M.R.S.A. §221(5) AND THAT **MY FAILURE TO COMPLETE AND RETURN THIS REPORT MAY AFFECT MY WORKERS' COMPENSATION INDEMNITY BENEFITS**. THIS CERTIFICATE OF RELEASE IS VALID FOR ONE YEAR FROM THE DATE OF MY SIGNATURE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## PART III (COMPLETED BY SOCIAL SECURITY ADMINISTRATION OR EMPLOYEE BENEFIT PLAN ADMINISTRATOR)

THE EMPLOYEE AUTHORIZES THE RELEASE OF BENEFIT INFORMATION PURSUANT TO 39-A M.R.S.A. §221(5). PLEASE PROVIDE THE FOLLOWING INFORMATION TO THE EMPLOYER/INSURER:

- EFFECTIVE DATE OF ELIGIBILITY: \_\_\_\_\_
- CURRENT GROSS MONTHLY AMOUNT: \_\_\_\_\_
- PERCENTAGE OF EMPLOYEE BENEFIT PLAN PAID BY EMPLOYER (IF APPLICABLE): \_\_\_\_\_
- IF BENEFITS FROM THIS EMPLOYEE BENEFIT PLAN ARE SUBJECT TO REDUCTION BASED ON RECEIPT OF WORKERS' COMPENSATION BENEFITS, PLEASE EXPLAIN:
- COMMENTS:
- BENEFIT INFORMATION SENT TO THE EMPLOYER/INSURER ON: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PREPARER NAME (TYPE OR PRINT): \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_